Trauma Registry Users Group (TRUG) Meeting Minutes
November 14, 2006   9:00 a.m. – 11:00 a.m.
Location: Arizona Dept. of Health Services
150 N. 18th Avenue Phoenix AZ 85007
5th Floor 540-A Conference Room
Contact: Anita Ray 602-542-1245 raya@azdhs.gov

11/14/06 Attendees:

Bill Ashland	David Harden	Kelly Lewellyn	Erzsebet Szabo	Georgia Yee
Marcia Barry	Valerie Hill	Beth Mlenar	David Villa	Michelle Ziemba
Paul Bowlby	Claire Holmes	Melissa Moyer	Regina Villa	
Jane Burney	Rose Johnson	Donna Quay	Jeanette Williams	
Vicki Conditt	Tara Kennedy	Anita Ray	Cristina Wong	

1. Introduction of TRUG members and ADHS staff
2. Review of key points from last TRUG meeting
    o TRUG meeting minutes from 10/17/06 were emailed to all TRUG members. Copies of the minutes have also been included in today's meeting packets. No questions were raised from TRUG members regarding the previous minutes.
    o Data Submission
        ▪ Please contact the Trauma Registry Manager (Anita Ray) if you have questions about the Arizona State Trauma Registry (ASTR) data submission requirements. Data is due to ADHS quarterly, as outlined in the Trauma Data Submission Guidelines.
    o Case Date Range / Data Export
        ▪ Case date ranges for data submission should be exported based on ED Arrival Dates. The "ED Entry Date" option is available in the drop down export menu of Trauma One. If a patient did not enter the hospital through your facility's emergency department, enter the date of first contact with the patient. ED arrival date and time fields should never be left blank. Not Documented and Not Applicable should not be used.
        ▪ Anita spoke with Lancet and verified Trauma One export instructions. Details were provided in the last meeting minutes. To review: The "Exclude data already exported" option is checked by default. This prevents the entire registry from downloading each time you run a data export. To include data that has been modified since the last export, the user needs to also select the option to "Include data modified since it was exported". The user must also back-date the case date range far enough back to capture the modified data. Modified cases and new cases within that date range should be exported if you follow these directions.
        ▪ Discussed whether or not to back-date the case date range for all exports to ensure that modified records are included. Anita will work on developing written export instructions for facilities.
    o State Patient, Record Complete fields
        ▪ Lancet will be contacting each Trauma One hospital to change the "Record Complete" field so that it is not required for case export. If you have problems with this field at the next export, please let Lancet know.
        ▪ At the last meeting, it was asked if St. Joseph's would share their "Record Complete" picklist with other hospitals. Note: This field is not a State required picklist. Rose Johnson provided the following information:
            • Record Complete:
                1. A. Needs to be coded by coding to finish
                2. C. Abstraction/Coding/Financial Completed
                3. D. Data Entry Trauma Flow Sheet
                4. F. Needs only the completion of Financial Information

5.   M. M&M with Pre-hospital Done
6.   P. Partial abstraction/coding
7.   R. Needs Readmit info completed
8.   X. Needs diagnosis coding

3. Update on status of electronic trauma data submission
   o Bill Ashland worked with the ADHS ITS department to test the sftp process. (Sftp stands for secure file transfer protocol). ADHS is currently testing the process with other State registries and hopes to have electronic data submission available soon. Please reply to Anita's email with: 1) the contact information of your facility's IT person and 2) the trauma registry staff member from your facility that will be the lead contact in testing the sftp process.

4. State Trauma Advisory Board (STAB) meeting was held 11/2/06. Next STAB meeting scheduled on 1/18/07.
   o Trauma Registry Inclusion Criteria – A rulemaking sub-committee will be created. The rulemaking committee will review items such as the trauma registry inclusion criteria, State required data elements, data submission guidelines, and reporting policies. Vicki Conditt with ADHS updated TRUG on the rule-making process and informed TRUG members that participants are being recruited for the sub-committee. Please let Anita or Vicki know if you are interested in participating or if you have any comments.
   o AAAM AIS 6 digit code vs. ICD-9-CM for injury coding – The request was previously received from TRUG members for ADHS to require only one of these data elements. Due to time constraints, this agenda item had to be moved to the next AZTQ/STAB meeting in January. Until a resolution is reached, both the AAAM 6 digit code and the ICD-9-CM code are State-required data elements.
   o Michelle Ziemba expressed concern about using the ICD-9-CM code to map AIS severity and body region due to the effect on the ISS score. St. Joseph's indicated they use the AAAM AIS 6 digit code to determine the severity and body region. TRUG discussion suggests that hospitals are not consistent in how the body region and severity value are being determined.

5. Import/Export of standardized picklists
   o Policy on picklist changes – ADHS is working to determine the best way to verify that standardized picklist updates are completed at all hospitals. More information to come.
   o Review of Protective Devices picklist – TRUG reviewed the differences between the current ASTR picklist and the National Trauma Registry Data Standards. NTR has additional fields that detail the specific types of Child Restraints and Airbag Deployment. It was agreed that ADHS will implement the use of the National Trauma Registry Protective Devices picklist for 2007 data entry. Further information will be emailed for review.
   o Transport Agency picklist corrections – Request was received from Heidi Deleon to move "Guardian Angel Transport" from the Ground picklist to the Air picklist. Beth Mlenar indicated Golden Eagle Air changed their name to Eagle Air. Anita will work on updating Transport Agency picklist.
   o ED Disposition picklist – TRUG reviewed the current ASTR picklist with the National Trauma Registry Data Standards. TRUG members agreed to adopt the NTR picklist for 2007 data entry. NTR has three ED Death options listed in a separate field. These will be included in the ASTR picklist as a subpicklist under the option "Died." Further information will be emailed for review.
   o Hospital Discharge Disposition picklist – TRUG reviewed the current ASTR picklist with the National Trauma Registry Data Standards. TRUG members agreed to adopt the NTR picklist for 2007 data entry. It was noted that the picklist options are more limited, but most hospitals have a field where they can collect the facility name that a patient was discharged to. Need to check hospital list to see if psychiatric and burn facilities are options on this picklist. Further information will be emailed for review.
   o TRUG member consensus was to implement these new picklists and not map the old data at this time. Anita will email out the new picklists to be imported starting with January 2007 data entry. This will be discussed further at ADHS.

6. National Trauma Registry Data Standards
   o The American College of Surgeon's Committee On Trauma has released their "Resources for Optimal Care of the Injured Patient 2006" (green book). Bill Ashland indicated that these standards go into effect May 1, 2007. TRUG members discussed the need to follow the data collection standards that

are outlined by ACS. Rose Johnson indicated that St. Joseph's Hospital is due for ACS review in November 2007 and will be asked to present reports using the previous 6 months of data.

- o TRUG recommended adopting the National Trauma Registry Data standards on April 1, 2007. Anita will review the NTR and ASTR data elements to determine what steps and time frames are needed in order for the AZ State Trauma Registry database to be aligned with the national data elements.

7. Begin review of draft Trauma Registry Users Manual
   - o Several draft pages of the user manual were reviewed by TRUG members. Comments were documented so that the user manual can be revised. Pages reviewed consist of data elements used to create the quarterly Standard Public Report.
     - ▪ Question was asked as to which category "Hard Hat" would fall under on the NTR picklist. TRUG consensus was to code as "Protective Non-Clothing Gear".
     - ▪ Question was asked as to how to code for protective devices if the run sheet only indicates "Restrained"?
       - • Terry Mullins with the Bureau of EMS and Trauma System indicated that the importance of providing this information can be conveyed to EMS providers. NEMSIS is encouraging EMS providers to participate in national data collection.
       - • Anita will email the National Trauma Registry staff for an opinion on how to code if only "restrained" is indicated on the run sheet.
     - ▪ Question was asked as to how to code if a patient has no injuries but was brought to the trauma center for evaluation (ex: motor vehicle crash involving pregnant woman or child in car seat). Rose Johnson was asked to email Anita with specific examples so the question can be investigated further.
     - ▪ Question on definition of ED Exit Date/ED Exit Time. Is this the date and time patient physically left the ED or the date and time patient's admission orders were written? Due to ED overcrowding and diversion, these times are not always the same. Discussion indicated that not all hospitals are collecting ED Exit in the same way. Anita will email all of TRUG for consensus.
   - o Discussed the best way to review the draft user manual so that a final draft can be created. TRUG members suggested weekly emails with pages to review.

8. Coding question from UMC: Question regarding what time to use for hospital exit if patient is declared brain dead, but is made a donor and harvested. TRUG consensus was to use the time patient is legally declared dead. Note: Hospital exit time is not a State required data element at this time.

9. Any system problems to report? None reported.

10. Other questions? None reported.

11. Next TRUG meeting – January 2007. Anita will email dates for the 2007 TRUG meetings.

Trauma Registry Users Group (TRUG) Meeting Minutes
October 17, 2006   9:00 a.m. – noon
Location: Arizona Dept. of Health Services
150 N. 18th Avenue Phoenix AZ 85007
5th Floor 540-A Conference Room
Contact: Anita Ray 602-542-1245 raya@azdhs.gov

Attendees:

Bill Ashland	Michelle Guadnola	Kelley Lewellyn	Regina Villa
Paul Bowlby	David Harden	Beth Mlenar	Lisa Warren
Jane Burney	Valerie Hill	Donna Quay	Jeanette Williams
Vicki Conditt	Claire Holmes	Anita Ray	Linda Worthy
Pam Goslar	Rose Johnson	David Villa	Georgia Armenta-Yee

1. Case Data Submission
    o Guidelines / time frames (Refer to handout #1, #2)
        ▪ The Trauma Data Submission Guidelines and the Trauma Data Submission Form were sent out by email to TRUG and are also included in today's meeting packets. Please let Anita know if you have any questions. The case date range for submission is based on the ED Arrival Date. ED Arrival Date should be selected when exporting quarterly data.
        ▪ If the submission due date falls on a weekend or holiday, the data will be due on the following business day. October 1st was the deadline for second quarter data, which includes cases with ED Arrival Dates from April 1, 2006 to June 30, 2006. Not all reporting hospitals have submitted their data for this quarter. If your data has not been submitted, please advise ADHS as to the status of your data.
        ▪ State required data fields should not be left blank. If the information is Not Documented or Not Applicable, please mark the field accordingly.
        ▪ Reports are produced for regular trauma meetings and data requests so current data is important. Anita will email to TRUG the 2005 Standard Public Report that was prepared for the September 2006 State Trauma Advisory Board meeting.
    o Status of electronic data submission
        ▪ ADHS is in the process of testing a secure ftp file transfer process that would allow for electronic submission of trauma data. This would eliminate the need for hospitals to submit their data by floppy disk or CD. If you have not done so already, please respond to Anita's email with the name of your ITS contact person and the designated staff member in your hospital registry that ADHS should contact with information about the electronic data submission. This option is expected to be available soon to all reporting hospitals.
    o Case Date Range
        ▪ Mandatory ED Arrival Date field
            It is very important that all cases have a valid entry for ED Arrival Date. In some screens this may be labeled as TRA Date. If a patient does not enter the hospital through the ED (ex: direct admit), please enter the first date of contact with the patient at your facility. Not Documented and Not Applicable should never be used in this field, nor should the field be left blank. ED Arrival Date is used by the Arizona State Trauma Registry (ASTR) to run registry reports and track case numbers. Thus, any case without a valid entry would be excluded.
    o Trauma One data export screen – modified records (Refer to handout #3)
        ▪ As mentioned above, please be sure to use the ED Arrival Date when selecting the case date range for exporting your data for ASTR submission.
        ▪ Trauma One has a drop down menu that lets you select which date to query your export. Trauma One Export Instructions:
            1. From the Quick Export drop-down menu, select "ED Entry Date" under Date Range.

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2. Enter the appropriate start and end dates, depending on which quarter is due.
3. Anita verified with Lancet after the meeting which boxes should be checked for Trauma One export: The default is checked as "Exclude data already exported." This option should remain checked unless there is a problem and your data needs to be re-exported. To include data that has been modified since your last submission, click on the option "Include data modified since it was exported." "Exclude data already exported" will remain checked. Back-date the case date range far enough to include all modified cases. The export function will grab all cases within the specified range that have been either modified or never exported. Two separate download files are not necessary.
4. Enter a location for file to be saved.
5. Click Start. The export file will be saved in the location you specified. The name of the export file is automatic and begins with your hospital's system ID plus the date and time of the export (year, month, day, hour, minute, seconds).

- State Patient, Record Complete fields (Refer to handout #4)
  - Newer Trauma One systems default to require the "State Patient" and "Record Complete" fields to be entered as Yes in order for a case to export to the State. This issue was discussed by TRUG. St. Joseph's Hospital has a detailed Record Complete picklist that they use to track the data entry process. Other hospitals expressed an interest in this picklist. Rose will email her picklist to Anita so it can be shared with other hospitals. Anita will talk to Lancet about changing these fields. Trauma Registry inclusion criteria are being discussed and may be modified and ADHS will investigate if an export program can be created to identify State patients. For now, ADHS will ask Lancet to default State Patient as Yes. Cases will be set to export to the State unless the registrar selects No for State Patient. The Record Complete field will not be required for export and hospitals will be able to customize this field to meet their facility needs.

- Data completeness
  - Data Completeness Check (Trauma One discharge page) (Refer to handout #4)
    Trauma One systems have been set up with a button labeled Data Completeness Check that is found on the discharge page. Clicking on this button will tell the registrar if any State-required fields for that specific patient have been left blank.
  - Trauma One exception report: DATA CHK-STATE FLDS (Refer to handout #5)
    Trauma One systems also have an Exception Report called DATA CHK-STATE FLDS. This report can be run to check multiple cases for blanks in State-required fields. Before submitting quarterly data, hospitals should run this report to check for missing data in their State required fields. Instructions: Open the report and click the traffic light. The report takes awhile to run, so be sure to specify a date range so you do not end up checking your entire registry! A repeat set can also be attached to separate the cases by registrar.
  - Lancet export program - blanks, invalid entries
    ADHS will be working with Lancet to set up an export program to check hospital data for blanks, invalid entries, etc.

2. National Trauma Registry / State Registry Inclusion Criteria (Refer to handout #6)
   - There is a lot of work underway to create national trauma registry standards. These standards are still being refined and were not ready at the time of our data conversion. As we continue, there may be changes made with the Arizona State Trauma Registry (ASTR) to align it more closely with what is being collected nationally. The AZ Trauma Registry Inclusion Criteria were decided upon by the State Trauma Advisory Board (STAB) several years ago. ADHS has received a few complaints regarding the inclusion criteria being confusing. Our criteria also do not match what is being collected nationally for comparison. Flagstaff mentioned that their funding is tied to the State inclusion criteria. ADHS will request that STAB consider reviewing the inclusion criteria at the next STAB meeting 11/2/06.

3. Arizona State Trauma Registry Data Dictionary
   - As updates are made, the Data Dictionary will be revised and emailed to hospitals. The Trauma Registry Manager will include a separate page indicating which changes have been made.

4. Standardized AZ State Trauma Registry required data elements
   o Import/export of Trauma One picklists, reports, populations
      Trauma One systems have the ability to import and export picklists, reports, populations, repeat sets, batches, etc. If hospitals would like to request a report from another facility or offer one they have created, the Trauma Registry Manager can share this information with the other facilities. This import/export function will also be used to change State-required picklists.
   o Manual entries not allowed for State required picklists
      Reminder that it is important to use the options from the State required picklists. No changes should be made to State required picklists, unless requested by ADHS. ADHS has asked Lancet to make required State picklists non-modifiable and will check with Collector to see if this option is available.
   o Procedure for recommending changes to standard picklists (Refer to handout #7)
      A draft procedure for altering State required picklists was reviewed by TRUG. It was decided that another step is needed to verify that the picklist imported correctly. The procedure will be revised and sent out to hospital staff. Please email the Trauma Registry Manager if you find a correction or addition that needs to be made to a State required picklist (ex: new hospital or new transport agency).
      ▪ Protective Devices picklist (Refer to handout #8, #9)
         • Note: Protective Devices need to match the injury for the specific patient being entered. We have some errors showing up in this field. (For example, some motorcycle accident E-codes are showing up with car seat and air bag listed as applicable safety equipment.) This field will become very important as ADHS utilizes this data for injury prevention efforts. The current picklist is confusing and is being interpreted differently by different registrars. It was agreed to adopt the recommended national trauma registry protective device picklist with addition of unspecified car seat. Anita will email conversion information to hospital staff for review. Request was made for the State to make a list of which protective devices apply to which type of injury. Input from TRUG members will be needed to design this list. Pam Goslar suggested also checking with IPAC.
      ▪ Transport Agency picklist (postponed to next meeting agenda)

5. Emergency Department and Hospital fields
   o ED Arrival Date, Admit Date
   o ED Length of Stay and Hospital Length of Stay
      ▪ We will discuss these further at next TRUG meeting when reviewing the User Manaul. ED Arrival Date must be entered regardless of whether or not the patient was first treated in the emergency department (see previous discussion). ED Length of Stay refers to the total hours in the ED. Hospital Length of Stay measures the days from patient admission to discharge. According to the current ASTR data dictionary, Hospital Length of Stay is Not Applicable if the patient was never admitted. Discussion ensued regarding hospital interfacing that automatically enters an Admit Date for all patients. If admit date is being auto-populated, but patient was never admitted, the registrar will need to manually enter Not Applicable for Hospital Length of Stay.
   o ED Disposition and Hospital Discharge Disposition (Refer to handouts #10, #11, #12)
      ▪ The ED Disposition and Hospital Discharge Disposition picklists need to be corrected. The only death option in the ED Disposition is DOA Morgue and the Hospital Discharge Disposition has several ED death options. Anita will email TRUG with the recommended changes for review.

6. Injury coding – ICD-9-CM and AIS
   o TRUG discussion was held regarding the State requirement to collect both the ICD-9-CM injury diagnosis and the AAAM AIS 6 digit code. Hospitals have reported that it is very time-consuming to collect both codes. The AIS requires specialized training that ADHS cannot afford to pay for statewide. ICD-9-CM injury diagnosis is required for the Standard Public Report and the Trauma One systems auto-populate the AIS Body Region and Severity Score from the ICD-9-CM code. This is similar to what the current national trauma registry standards have listed in their data dictionary. The suggestion was made to require only the ICD-9-CM code with mapping and to allow hospitals to

collect the 6 digit AAAM code on an optional basis. TRUG members mentioned that the AIS is more specific to injury and calculates different scores than the ICD mapping. **TRUG members were instructed to email Anita with the pros and cons they see for each coding system, including their hospital's preference, so that this issue can be discussed at the STAB meeting on 11/2/06.**

- o The question was raised as to which mapping program Trauma One is using to calculate the two AIS fields. Pam Goslar indicated she asked Leon at Lancet and was informed they system uses ICDMAP by MacKenzie. Anita emailed Lancet to verify.
- o Question also came up as to the accuracy of the automap function and whether or not this function should be disabled. Donna Quay expressed the usefulness and importance of this function for the smaller facilities. TRUG members requested training on E-codes and ICD-9. Email Anita if you are aware of any trainings that might be helpful.

7. Questions regarding coding ATV accidents / patient position in vehicle field
- o Discussion was held regarding coding ATVs/off road vehicles. It was discussed by TRUG members that a motorcycle has 2 wheels; an ATV is an off-road motor vehicle with more than 2 wheels. Refer to E-codes E821.0 and E821.1. Patient position in vehicle would be entered as either driver or passenger.

8. Question regarding why information is collected on referring facilities
- o Referring Facility length of stay, transport times, patient status, etc. are collected by the State to assess the trauma system as a whole. This information is important. Please enter any information available.

9. Next TRUG meeting – how often would we like to meet?
- o TRUG will meet again next month to address any outstanding issues. The plan is to address important issues and then start meeting on a quarterly basis.

10. Are hospitals having any problems with their systems?
- o UMC reported problems with exporting data, Length of Stay not allowing Not Applicable, and system not re-calculating AIS scores. Scottsdale is having problems opening notes.

11. What specific questions do users have that have not been answered?
- o None mentioned.

12. Feedback on draft Trauma Registry User Manual. Begin review of draft. (Refer to handout #13)
- o Draft pages from the User Manual were handed out. TRUG members should carefully read these pages and email to Anita any corrections or questions they have regarding these fields. Revisions and review will be on the agenda for the next TRUG meeting. The draft pages under review consist of those data elements that are used to create the quarterly Standard Public Reports.

13. Suggestion was made by Pam Goslar to incorporate Trauma Registrar Continuing Education hours into TRUG meetings.

Future agenda items to start thinking about:
- Question from one of the hospitals: What QA reports/audit filters are other facilities running on their trauma data?
- Continue review of draft Trauma Registry User Manual
- Other items for discussion?